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INDICATION FORM

PTO/SB/81 (04-05)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application Number 09/973.067 **Filing Date** 10/10/2001 First Named Inventor Swart VIDEO AND DIGITAL MULTIMEDIA AGGREGATOR CONTENT CODING AND RECEIVED Title **CORRESPONDENCE ADDRESS Art Unit** 2611 CENTRAIL FAX CENTER **Examiner Name** Grant, Christopher C. Attorney Docket Number SEP 2 0 2005 SEDN/12164

I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint: Practitioners associated with the Customer Number: 56.015 ☐ Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number OR The address associated with Customer Number: OR ☐ Firm or Individual Name Address City State ZIP Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. Assignment Recorded At Reel/Frame 015239/0350 SIGNATURE of Applicant or Assignee of Record Signature Date William D. McCall Telephone 267-765-7100 CEO, Sedna Patent Services, LLC Title and Company NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below *Total of 1 forms are submitted.

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